

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Ambulance

Signature of Department Head: *[Signature]*

Date Requested: 22-Apr-13

Approved By: _____

Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
118-55130-133 Paraprofessionals Payroll	\$ 3,894,082	\$ 3,894,082	\$3,029,928		\$ 15,000	\$ 3,879,082
118-55130-148 Dispatch Payroll	\$ 403,050	\$ 403,050	\$ 282,115		\$ 25,000	\$ 378,050
118-55130-187 Overtime Pay	\$ 209,856	\$ 209,856	\$ 187,760	\$ 40,000		\$ 249,856
118-55130-322 Evaluation & Testing	\$ 23,000	\$ 23,000	\$ 3,528		\$ 10,000	\$ 13,000
118-55130-451 Uniforms	\$ 75,000	\$ 75,000	\$ 23,070		\$ 15,000	\$ 60,000
118-55130-338 Maint. & Repairs - Vehicles	\$ 150,000	\$ 150,000	\$ 127,560	\$ 25,000		\$ 175,000
						\$ -
						\$ -
						\$ -
						\$ -

EXPLANATION FOR ABOVE AMENDMENT REQUEST

One of our dispatch positions has been vacant since July 1st, and we have paid overtime to cover the shifts. We are requesting to transfer from our dispatch line item and our paraprofessionals' line item. We are also covering more special events this year. We receive payments for our coverage of these events. We are requesting to transfer funds from our Evaluation & Testing line item, and our Uniform line item, into our Vehicle Maintenance line item.

Finance Department Use Only

Date Posted: _____

Posted By: _____

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Ambulance
 Signature of Department Head: *J. M. M. M. M. M.*
 Date Requested: 25-Apr-13
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
118-43120 Patient Charges	\$ 6,118,900	\$ 6,123,900	\$ 4,848,761	\$ 10,000		\$ 6,133,900
118-55130-509 Refunds	\$ 40,000	\$ 45,000	\$ 43,286	\$ 10,000		\$ 55,000
						\$ -
						\$ -
						\$ -
						\$ -
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EXPLANATION FOR ABOVE AMENDMENT REQUEST

We are requesting to transfer funds from Patient Charges to our Refunds account to cover overpayments from insurance companies and patients. We have experienced a huge increase in overpayments in the last two months.

Finance Department Use Only

Date Posted: _____

Posted By: _____